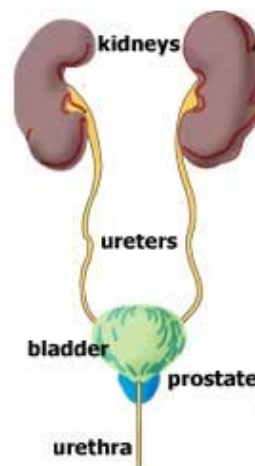


Transurethral Prostatectomy (TURP)

What is a transurethral prostatectomy?

Your prostate is a walnut-shaped gland located below the outlet of the bladder. A transurethral prostatectomy is a surgical procedure in which the doctor removes an overgrowth of tissue from your prostate gland through a cystoscope, a tubelike instrument with a light inserted in the urethra. (The urethra is the passageway through which urine passes through the penis.)

Another term for this surgery is transurethral resection of the prostate, or TURP.



When is it used?

Noncancerous overgrowth of prostatic tissue is called benign prostatic hypertrophy (BPH), or enlarged prostate. This growth of tissue may cause your prostate gland to block the outlet to the bladder and the urethra. A transurethral prostatectomy is done to decrease the size of the enlarged prostate by removing this overgrowth of tissue.

Symptoms of benign prostatic hypertrophy (enlarged prostate) are:

- ◆ need to urinate frequently
- ◆ difficulty beginning to urinate
- ◆ decreased strength and force of urine stream
- ◆ dribbling after urination
- ◆ inability to sleep through the night without needing to urinate.

Examples of alternatives to this procedure are:

- ◆ taking medications to reduce the obstruction
- ◆ reducing the obstruction by treating the prostate with microwaves
- ◆ having the growth destroyed using lasers, cautery, or high-frequency sound waves through a telescope similar to that used to perform a TURP
- ◆ having the growth removed by an operation called suprapubic prostatectomy, in which the prostate gland is removed through a cut in the lower abdomen.

If you have mild or moderate BPH, you may choose not to have treatment and to have the doctor follow your symptoms. You should ask your doctor about these choices.

How do I prepare for a transurethral prostatectomy?

Plan for your care and recovery after the operation, especially if you are to have general anesthesia. Allow for time to rest and try to find people to help you with your day-to-day duties.

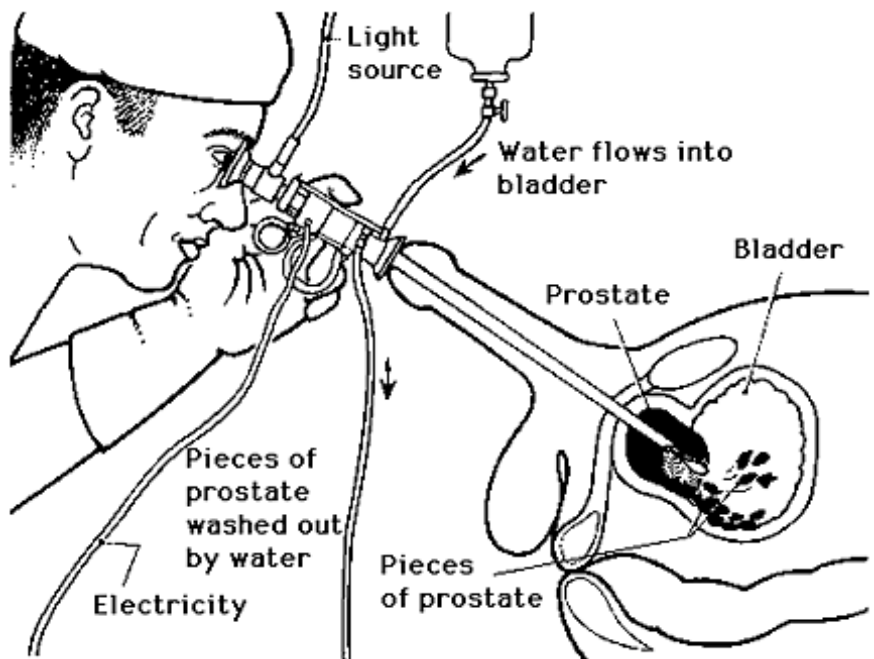
For 1 week before your surgery, do not take aspirin, ibuprofen (such as Motrin or Advil), or any other nonprescription pain relievers except for acetaminophen (such as Tylenol). You may take acetaminophen for pain.

Follow any instructions your doctor may give you. Eat a light meal, such as soup or salad, the night before the procedure. Do not eat or drink anything after midnight on the day of the procedure. Do not even drink coffee, tea, or water.

What happens during the procedure?

You will receive either a general or spinal anesthetic. The general anesthetic will relax your muscles, keep you from feeling pain, and make you feel like you are in a deep sleep. The spinal anesthetic will make you feel temporarily numb from the chest down so that you have no pain during the procedure.

The doctor will put a tube into your penis and up into your bladder. The doctor will pass water through the tube and into the bladder to fill it up. He or she will examine your prostate gland. If the growth needs to be removed, the doctor will use a heated wire to shave it down a sliver at a time. The doctor will flush the slivers of tissue out of the bladder and take out the tube. The doctor will send the pieces of tissue to the laboratory for analysis.



What happens after the procedure?

You may be in the hospital for up to 4 days, depending on your condition. Occasionally patients are discharged on the day of their operation.

You may have a catheter (tube) in your bladder to help it drain and flush out any blood clots that have formed. The doctor will remove the tube after the bleeding stops.

While recovering from surgery, you may have trouble controlling your bladder. You may notice blood in your urine or have trouble urinating. If this happens, rest in bed. Call the doctor if it continues or gets worse. Drink a lot of water, and avoid all heavy activity for 6 to 8 weeks.

Ask your doctor what other steps you should take and when you should come back for a checkup.

What are the benefits of this procedure?

If you were retaining urine, you may no longer have the discomfort and pain from the bladder obstruction. You will be able to urinate more easily.

What are the risks associated with this procedure?

There are some risks when you have general anesthesia. Discuss these risks with your doctor.

Spinal anesthesia may not numb the area quite enough and you may feel some minor discomfort. Also, in rare cases, you may have an allergic reaction to the drug used in this type of anesthesia. Spinal anesthesia is considered safer than general anesthesia.

Any problem you may have with congestive heart failure could become worse right after the procedure.

The extra tissue may grow back.

Your bladder could be damaged or infected. If you are in a lot of discomfort, you may not be able to pass urine.

The muscle around your urethra may be permanently damaged. This could make it hard to control your urine.

A scar may form around the urethra and make it narrow. In the future, you may need to have your urethra stretched to widen the passageway.

You could have blood in your urine over the next month.

The tissue that was removed may show evidence of cancer.

Your ability to have an erection may be affected. Semen may not come out your penis and instead go into your bladder.

Infection or bleeding may occur.

You may have urinary frequency and urgency (a strong need to urinate often) that may be as bad as or worse than your symptoms before the surgery. These symptoms usually go away with healing within a few weeks.

You should ask your doctor how these risks apply to you.

When should I call the doctor?

Call the doctor immediately if:

- ◆ You are bleeding a lot or passing blood clots.
- ◆ You are unable to urinate.
- ◆ You develop a fever.

Call the doctor during office hours if:

- ◆ You have questions about the procedure or its result.
- ◆ You want to make another appointment.

Developed by McKesson Health Solutions LLC.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.